

**FORM FOR SUBSTITUTE TEACHERS**

EMPLOYEE NAME \_\_\_\_\_

SS NO: \_\_\_\_\_ DATE: \_\_\_\_\_

To comply with the revision of the fingerprint law, Idaho Code §33-512, please complete this form and submit to:

State Department of Education  
Fingerprint Records Office  
PO Box 83720  
Boise, ID 83720-0027

**or**

Contact  
Shannon Haas  
(208) 332-6888

**This form is for substitute teachers only.**

- **DEFINITION:** Any individual who is paid substitute teacher wages, one day or more.

DISTRICT NAME	DISTRICT NUMBER	SUPERINTENDENT OR DESIGNEE SIGNATURE	DATE

**NOTE:** Any questions concerning when a criminal history check must be completed please call the Bureau of Certification and Professional Standards, Fingerprint records office.